



01-06-02

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Attorney Docket No. MTI-31269

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Yates, et al. **RECEIVED**
Serial No. : 10/050,390 **JAN 08 2003**
Filing Date : January 16, 2002 **CSO 2800**
Group Art Unit: 2812
For : Method for Enhancing Electrode Surface Area in DRAM Cell Capacitors
Confirmation No.: 6193

CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

Mailing

deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

37 CFR 1.8(a)

with sufficient postage as first class mail As "Express Mail Post Office to Addressee" Mailing Label No. EV 048319558 US

37 CFR 1.10

transmitted by facsimile to Fax No _____ addressed to Examiner _____ at the US Patent and Trademark Office.

TransmissionDate: Jan 3, 03

Assistant Commissioner for Patents
Washington, D.C. 20231

TRANSMITTAL1. Transmitted herewith is:

- Preliminary Amendment
- Replacement Claims (27 sheets)
- Blacklined Claims (27 sheets)
- Return Postcard

STATUS

2. Applicant is a large entity.

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Serial No. 10/050,390

Transmittal

EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

[X] Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.

[] Applicant petitions for an extension of time under 37 C.F.R. 1.136 for the total number of months checked below [fees: 37 C.F.R. 1.17(a)(1)-(4)] :

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
[] one month	\$ 110.00	\$ 55.00
[] two months	\$ 390.00	\$ 195.00
[] three months	\$ 890.00	\$ 445.00
[] four months	\$ 1,390.00	\$ 695.00

Fee: **\$0.00**

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims Remaining After Amendment		Highest No. Previously Paid For	Rate (Small Entity)	Additional Fee or	Rate (Large Entity)	Additional Fee
Total 189	Minus	159	= x 9= \$	\$	30 x 18	<u>\$540.00</u>
Independent 26	Minus	23	= x 42= \$	\$	3 x 84	<u>\$252.00</u>

FIRST PRESENTATION OF MULTIPLE DEP CLAIM

TOTAL
ADDIT. Fee \$ or TOTAL
ADDIT. FEE **\$792.00**

c. [] No additional fee for claims is required.
d. [X] Total additional fee for claims required **\$792.00**

FEE DEFICIENCY

5. [X] If any additional extension and/or fee is required, charge Account No. 23-2053.
[X] If any additional fee for claims is required, charge Account No. 23-2053.

Date: January 3, 2003

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